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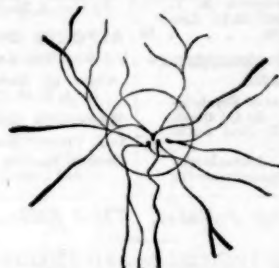
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LECTURE VI.

General Treatment of Gunshot Wounds.—Wounds of the Head, Face, Spine, Neck, and Thorax.

GENTLEMEN—After you have cleaned a gunshot wound of foreign bodies the treatment is exceedingly simple, and resolves itself, in the majority of cases, in the fulfilment of the following indications, viz. absolute rest, keeping down inflammation by cold fomentations, the relieving of pain by opiates, and the supporting of the system to enable it to go through the necessary process of suppuration.

1st. As to absolute rest. The position of the wounded part should be comfortable to the patient, and at the same time be such as to favor the discharge of the secretion from the wound; a wounded limb should never be in a dependent position, which would favor venous congestion, but should, if possible, always be a little above the horizontal level of the rest of the body.

2d. Cold fomentations. All experienced military surgeons of modern times agree that, as a general rule, this is the best local application. How it is made, whether as Stromeyer and his son-in-law, Esmarsch, advise, by placing the limb in a cold water bath, or upon tin vessels adapted to the shape of the wounded part, and filled with ice water, or by a bladder filled with ice, and, to prevent pressure, suspended over the wound so as just to touch it, or by irrigation, or simply by cold compresses, matters very little; the latter, as the simplest form, must always, and of necessity, find preference in large military hospitals, and answers every purpose, provided the compresses are sufficiently often renewed. We meet, however, occasionally with wounded to whom cold applications are disagreeable; and as to a certain extent the feelings of the patient furnish indications which a prudent practitioner never entirely disregards, tepid or warm fomentations may then be substituted for the cold; in that case thick compresses dipped in warm water are the best. Warm poultices should be discarded from military hospitals; there is no medicinal virtue in flaxseed or slippery elm or the like, the warmth and the moisture are what we want, and that we get by a warm compress. Poultices are troublesome, expensive, and favor uncleanness. Where there is a tendency to gangrene the cold must be changed for stimulating applications; of this we shall, however, speak more fully when we come to the subject of gangrene.

3d. Pain, which in some cases of gunshot wounds is excessive, should be relieved as much as possible, not only from simple motives of humanity, but because it exhausts nerve power, prevents sleep, and besides frequently disturbs the other inmates of the ward. It is a fortunate circumstance that wounded will almost invariably bear opiates well, and this tolerance seems to increase with the amount of pain or with the necessity for their administration. The best form in which opiates are to be administered is the solution of morphine, the dose of which can be readily regulated. Opium pills are more adapted to cases of diarrhoea. Frequently the local application of dry morphine to the wound will give great relief.

4th. For the support of the system we must mainly depend upon nourishment with wine, brandy, or beer. Quinine is an excellent adjuvant, although by itself it will not sustain the system; all its virtue consists in stimulating the stomach and giving an appetite; we therefore do not require such large doses of the drug as when we administer it in miasmatic diseases. Cod-liver oil is much more of a nutriment; it is an animal fat, very easily assimilated,

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and therefore in cases of protracted suppuration eminently useful, and may be advantageously combined with quinine; still you must always bear in mind that good food, where it can be had, and the patient will take and digest it, is the best supporter of the system, and no drug is of sufficient importance to persist in its use when it disturbs the stomach and takes away the appetite.

You see, gentlemen, that the general indications for the treatment of gunshot wounds are exceedingly simple, and within the grasp of the most moderate intellect; but it requires the soundest judgment, guided by experience and fortified by the careful study of results obtained by others, to decide upon the various surgical operations which may become necessary in gunshot wounds.

Gunshot wounds of the head, especially where the bones of the skull, and still more so where the encephalon with its membranes are involved, are always of a grave character. A good authority, I think Guthrie, says: "no gunshot wound of the head is so slight that the surgeon should not feel anxious about it, and none so grave that he should give up all hope." Of scalp wounds I have already spoken while speaking of the duties in the field, and I then stated to you that no portion of the scalp, however far detached, should be cut away, and that you should be sparing with sutures. The great danger of wounds of the head depends upon the proximity of the dura mater and brain, and the great facility with which inflammation will spread to them; all wounds of the head require, therefore, vigorous antiphlogistic treatment, rest, avoiding of all stimuli, bodily as well as mental, low diet, ice to the head, and brisk purgatives.

The removal of balls, loose bone-splinters, and foreign substances, must be performed with the utmost care, to avoid further injury to the brain; and in many cases good authorities deem it prudent to wait till suppuration has set in, especially in those cases where as yet no brain symptoms are manifest. In former days trephining was resorted to in all cases of injury to the head with depression, even as a precautionary measure. Modern surgery is much more judicious, because less meddlesome. Lift up carefully with the elevator depressed pieces of bone, but avoid as much as possible increasing the danger of the patient by trephining—an operation dangerous in itself, and which, as a precautionary measure, that is, where no brain symptoms exist, is now by the best authorities entirely discountenanced.

Wounds of the spine are of the gravest character, especially where paralysis of the parts below the wound shows that the spinal marrow is involved in the injury. Their danger to life is in proportion as they are higher up or lower down. We can do but very little, and I do not now recollect a case where operative interference for the removal of the ball or the fractured portion of the vertebrae pressing upon the spinal marrow has been crowned with success. We must act upon general principles, make the patient as comfortable as we can, draw off the urine by the catheter, try to prevent decubitus, which is apt to occur, because the parts have lost their utility, and because the feces are passed involuntarily. I need not say that on that account the strictest attention to cleanliness is indispensable.

Gunshot wounds of the face, although they may at first sight look appalling, are generally not dangerous; remove no portions of the bones, but replace them in position; loose teeth you may take away; the external wound, if much lacerated, unite carefully with sutures, and apply cold fomentations. Where the jaws are fractured, you may be obliged to nourish the patient through a tube, introduced either through the mouth or nose, and through which you inject nourishing soups into the stomach. Wounds of the face are apt, in consequence of division of the facial nerve, to leave paralysis of the parts supplied by it. A man was wounded in one of the battles in the Mexican war, the ball passing through the mouth and breaking the upper jaw, and passing out below and behind the lobe of the ear; he recovered, but retained paralysis of that side of the face,

the facial nerve having been divided near its exit through the foramen stylomastoideum; he suffered intensely in consequence of the paralysis of the *m. orbicularis palpebrarum*; the eye being constantly wide open, the ball could not be cleared of dust by the winks of the lids, the cornea became vascular, in short, his sufferings on this account were so intense, that he applied to me to have the ball of the eye removed. Instead of that I drew down the upper lid, made a semilunar incision below the infra-orbital margin, and divided the *m. levator palpebræ superioris*, which, in consequence of the paralysis of its antagonist, the orbicularis, had been firmly contracted, so that the man had even lost the chance of rolling his eye up under the upper lid, as we find it in ordinary cases of paralysis of the face. The operation was entirely successful, the upper lid dropped down, and the man generally acquired a very good use of his eyelids, which followed the motion of the lids of the other side, the vascularity of the cornea disappeared, so that the man by this simple operation was not only relieved of his sufferings but retained a good eye, with which he sees to this day.

Wounds of the neck require, if possible, the removal of the ball, which is otherwise apt to descend along the muscles to the mediastinum, or lodge upon the apex of the pleura; you should make openings for the exit of matter at the lowest part, to prevent the discharge from descending. If the larynx is wounded, and in consequence of closure of the rima glottidis suffocation be imminent, you must perform tracheotomy, and let the trachea tube be worn until the inflammatory swelling has subsided, and respiration can be carried on again by the natural passage; you will readily ascertain this by the removal of the inner tube and the closure of the external opening of the outside tube which has an opening towards the larynx.

While speaking of the duties in the field, I have already told you what is to be done in penetrating wounds of the thorax, with regard to closing the wound or leaving it open. Strict antiphlogistic venesection, or, as I have recommended to you, temporary tourniquets to the limbs, absolute rest, lying on the wounded side, embrace the main outlines of the treatment. If percussion and auscultation give evidence that the sac of the pleura is filled with blood, pus, or pleuritic exudation, paracentesis of the thorax may become necessary, and will relieve the patient.

Original Communications.

THE PRESENT STATUS OF PSYCHOLOGICAL MEDICINE. By I. PARIGOT, M.D.,

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PROPRIETOR OF A PRIVATE INSTITUTION AT HASTINGS ON THE HUDSON,
NEW YORK.

PSYCHO-MEDICAL JURISPRUDENCE.

CURIOUS facts disclose almost every day the different defects in our system of dealing with insanity in judicial courts. The opening of a book or paper on forensic cases of lunacy shows sufficiently what we have to study and reform in this important branch of medicine. The quarterly retrospect of the *London Medical Critic* contains, in the last number, several cases which are examples of our want of rational proceedings in courts, when alleged insane prisoners are to be tried. Does justice require disputes on abstruse points, nicely made; or brilliant arguments from parties, who sometimes plead a system for reputation or money? Not at all; human justice requires only the simplest means of arriving at the truth.

The first reported case in Dr. Winslow's journal is that of a man who killed his own child and was tried at Gloucester. The jury declared him *not guilty on the ground of insanity*. Some medical men, who had been referred to, were not

present at the trial, owing, it was said, to the poverty of the prisoner! Such want of humanity is certainly a rarity in our profession, and the shame of it falls entirely on those who thus neglected their duty. We do not understand why these gentlemen were not brought to the bar or punished for their disobedience. Now the Secretary of State, who ought perhaps to have ordered a medical examination *before* the man was committed, was under the necessity of doing so *afterwards*; in consequence of which, two physicians (we do not know whether they were experts or not) reported that they could not discover any symptoms of lunacy. The conflict between a verdict on a point of insanity, and a medical decision on the same, is embarrassing, and involves either an injustice or an absurdity; nevertheless it appears to us that the jury acted wisely in the absence of medical experts. The judge observed that the evidence of insanity was but slight. Still the jury, from fear of mistake, declared the prisoner insane. Such wisdom was not evinced by a jury in the celebrated case of George Clark, who committed murder at Newcastle-upon-Tyne, being evidently a dangerous maniac. When the prisoner was at the bar he was still incoherent and suffering from delusions! Nevertheless he was found guilty, and the judge, who showed little knowledge of the human mind, contented himself in passing the sentence of death with the remark that, "he was a person of *eccentric character* beyond other men." Another judge, summing up, at Belfast, the case of a W. Hardman, who had killed one of his relatives, said that "the fact of his keeping bottles of poison round his neck was more than eccentricity." It is remarkable that these learned judges had never met with men of talent who were *eccentric* persons (comparatively with what the French call *le commun des martyrs*, and we *vulgar pecus*) and still of a sound mind, and that they could not distinguish the eccentricities of a madman, which are mere symptoms of a disordered mind. But unfortunately it will require a long time before psychology will be understood; we have tried to forward the study of *moral insanity* in criminal cases with little hope of having done any good. There is now a learned justice, Baron Alderson, who, addressing a jury in a capital case, employed an unguessed joke, viz. "that an *incontrollable impulse* to commit crime was to be followed by an equally uncontrollable impulse to punish."

Considering all these proofs of ignorance, we really believe it a monstrous power given to juries to decide difficult points of science. Innumerable errors, here and abroad, show that insanity or responsibility are too often pronounced at random.

Undoubtedly trial by jury is one of the most sacred of human institutions; a juror is certainly, in many cases, a good judge of facts; and he wants no other light but his conscience to decide whether they exist or not with their intents and purposes. But for the appreciation of *SCIENTIFIC FACTS*, he ought to possess qualities which only belong to those who have a special education. In the ordinary business of life one may easily suppose that a verdict is generally good or very near the truth; but in scientific questions, unless the jury was a special one, the reverse is true, that is, error is the rule, and truth the exception.

The utter absurdity of a verdict of a jury was demonstrated in a very witty letter addressed to the editor of the *London Times* by a *Puzzled Practitioner*, who, from a certain verdict, was obliged to infer:

1. That in any case of delirium or mania it is unsafe for a medical man to attend *UNLESS* summoned expressly by the patient himself.
2. That when attending, it is unsafe for him to employ any means of restraint *WITHOUT* first obtaining the consent of the patient himself.
3. That on neither of these points is the authority of the patient's wife or relatives sufficient to guard the medical attendant from legal consequences.
4. That between insanity and delirium tremens a broad line of demarcation must be drawn. A person, in the latter

condition, being incapable of injuring either himself or others, etc., etc.

We have already adverted in articles in this journal on the case of an idiot (Wyndham's case) who was considered by a jury able to manage his fortune and take care of himself after having lost, on account of his infirmity, both character and position in the world; we might record similar or analogous cases in Belgian, French, and German courts; suffice to say that the actual jurisprudence of insanity is so much behind a tolerable knowledge that certain lawyers of talent are able to gain any cause and reverse the means they have employed to continue their success in opposite cases. Mentioning this fact myself to a celebrated member of the bar with proofs in hands of his multifarious victories, he said, "That it was unfortunately a necessity sometimes to do so."

The fundamental principle is to know whether or not responsibility exist in a criminal case, or if, in civil cases, the intellectual faculties of a person are sufficiently developed to permit the exercise of civil duties and functions; for this the medical expert has not to occupy himself with jurisprudence or even its defects; let him only attend to the natural phenomena which are necessarily united to moral symptoms of the mind, and his duty will be accomplished. Responsibility and the capacity of judging are individual qualities; they are not only different amongst men, but even the first may differ according to the tenor of the laws themselves; the possibility of distinguishing right from wrong (*libertas judicii*) depends upon the state of the subject, whereas the faculty of judging of one's actions in accordance with the existing laws (*libertas consilii*), though subjective in point of mental health, is objective in relation to circumstances.

Everything in the United States is disposed for a reform of the civil and criminal procedure. Liberty of opinion and its expression is the condition of all future progress. We were much pleased when assisting, for the first time, at a trial to find that, not as in Europe where the judges, curiously garbed, submit the prisoner equally with the prosecution to a sort of moral torture, we saw the prisoner sitting near his counsel, and the latter on an equality with the district attorney, addressed the jury and the court with full liberty! Certainly the direct and cross-examination of witnesses is liable to some amelioration, but this defect would soon be removed if physicians would follow the advice of Dr. J. Elwell, a medical gentleman, member of the bar of Cleveland, Ohio, in his excellent book on *Medical Evidence and Malpractice*. For our part we believe it a duty for any citizen, adopted or not, to try to remove what he thinks an obstacle to the free play of the great regulator of modern society—Justice. Therefore we desire a great change should take place in legal procedure. For instance, that grand-juries should appoint a commission, composed at least of three physicians—experts, to report on the mental state of any alleged offender suspected of insanity; that report, signed by these commissioners, must necessarily become the field to which all discussions, opinions, direct and cross-examinations be confined or limited; the desultory *tohu-bohu* quotations and comparisons, with the so-called similar cases or decisions of judges who very seldom were just ones, would be abandoned. By this means only a jury and the court would be enabled to judge the facts and see the proper application of laws. Courts, on a sudden and unforeseen plea of insanity, should have the power to follow the same course.

In civil cases a jury, *de lunatico inquirendo*, is the most absurd method of arriving at the truth, unless a report on the mental state has been made previously by a commission of experts, which report may then be the base of a public discussion between the parties. It is evident to us that the direct and cross-examination of the experts bearing on their report, describing the physical and moral symptoms of the case, should be compared with the interrogation of the alleged lunatic, that the court, jury, and members of the bar may not be led astray by legal or metaphysical subtleties.

THERAPEUTICS OF ALBUMINURIA.

BEING REMARKS MADE BEFORE THE N. Y. ACADEMY OF MEDICINE, Nov. 5, 1862.

By JOSEPH M. SMITH, M.D.,

PROF. OF MATERIA MEDICA AND THERAPEUTICS, COLLEGE OF PHYSICIANS AND SURGEONS N. Y.

(Concluded from page 55.)

In respect to the treatment of the chronic form of albuminuria, or, as we may now more properly say, Bright's disease, or uremia, in which general dropsy is the most common and remarkable symptom; I say symptom, for it is nothing more, the first part of the threefold indication, I have mentioned to be considered, is that which points to the removal of the disease of the kidneys, or, in other words, to restore these organs to the condition in which they may be able to resume their proper function, viz. to eliminate the urea and other effete matter from the blood. It is in attempting to fulfil this indication that we discover the intractable nature of the disease.

I look upon Bright's disease, therefore, when it is insidiously developed, and not discovered to exist until the general health has been, for some time, seriously impaired, as in the great majority of cases incurable.

It is then only in the early stage of the disease that we may hope to arrest its progress, and afford permanent relief to the patient. But how to effect this is a question which I am not prepared to satisfactorily answer. There being in no period of the disease any very marked evidence of nephritic congestion or inflammation, the more active depletory measures are not, or but rarely, called for, and yet that a hyperremial condition of the kidneys does probably exist in most cases, in the first stage of the disease, may be reasonably assumed; and, accordingly, antiphlogistic and revulsive remedies, as cupping of the loins, purgation, poultices to the back, and sudorifics, are clearly indicated, these last remedies being among the most efficient at our command. The earlier these therapeutical measures can be brought into use the greater will be the chances of recovery.

But in contemplating the disease of the kidneys as a single object of treatment, we take but a partial view of the morbid conditions which exist at the same time and which endanger life. Were the system to suffer only from the nervous irritation transmitted to it from chronic disease of the kidneys, apart from uremia, life might be greatly protracted, as it frequently is in cases of various chronic local affections, by appropriate medical and regiminal treatment; but in Bright's disease, when the renal disorganization has made considerable progress, it not only disturbs sympathetically the whole economy, but interposes an impediment to the elimination of the effete nitrogenous principles in the blood, and thus adventitiously adds to the disease an element formidable and dangerous.

Now, as there is no way known to us of neutralizing the urea in the blood, we are led to consider the means suited to fulfil the second leading indication in the treatment, viz. to eliminate the urea from the circulating fluid. In endeavoring to accomplish this object, we are not to lose sight of the remedies, which tend to remove the congestion of the kidneys, but to continue them, if they be still indicated; and, while doing so, to administer such means as will increase the quantity of urine, or in other words, favor the elimination of urea, and, at the same time, effect another object of great moment, namely, the removal of the dropsy. We know of no other way of depurating the blood of urea than through the kidneys, the other emunctories affording no adequate vicarious outlet to that substance. As to the quantity of urea exhaled with the serum, so frequently infiltrated into the areolar tissue and occasionally collected in the closed cavities, it is probably too small to have any decided effect in relieving the system from its intoxicating influence.

As is well known, diuretics and alteratives are specially indicated in general dropsies. Among these calomel or

blue pill, combined with squill and digitalis, has long been employed, especially in cases of cardiac dropsy. But in renal dropsy calomel and blue pill are liable to salivate, owing to there being in this disease a morbid susceptibility to their specific effects on the mouth. But while such is the fact in regard to these mercurials, it is not so in respect to the bichloride of mercury. This energetic preparation has been used with great success in the treatment of the dropsy connected with Bright's disease. Its employment in this disorder was, I believe, first suggested by myself, in the wards of the New York Hospital; and the earliest trials of it were made in that institution about twenty years ago, under the careful observation of the late Dr. Wotherspoon, then the resident physician of the house, and afterwards a surgeon in the United States army. It is, as I have just hinted, much less likely to produce salivation than the other common mercurials. Its alterative power is exerted upon every tissue and fibre of the body, and its therapeutic influence being diffused through the system, it resolves certain morbid conditions, local and constitutional, with great promptness. Besides acting favorably towards removing the lesion of the kidneys, it generally induces a copious diuresis; and, in this way, rapidly diminishes hydropic swellings. Two cases of renal dropsy, treated by it with favorable results, are recorded by Dr. Swett in his valuable paper on renal diseases in the *New York Journal of Medicine*, for July, 1844. In the first case calomel gr. ss. and squill grs. ij, were given three times a day, but it produced tenderness of the gums, and was discontinued, having afforded no relief. About ten days afterwards the bichloride of mercury was administered in doses of one-eighth of a grain with a drachm of tincture of cinchona, three times a day. This remedy acted decidedly as a diuretic, and almost entirely removed the dropsical effusion. Its use was continued for a considerable time without affecting the gums. The patient was discharged free from the dropsical symptoms and much improved in appearance; but the urine continued unchanged; it retained its smoky appearance and low specific gravity, and freely deposited albumen. In the second case, Dr. Swett prescribed the bichloride of mercury in the same manner, but with less benefit than in the first case, though it acted favorably in reducing the oedema of the legs and improving the countenance and complexion. The urine, however, afforded a large deposit of albumen. The result of the treatment is not stated, the record of the case being incomplete, the last report being the continuance of the corrosive sublimate and the tincture of cinchona.

Dr. GRISCOM has recorded, in the *New York Journal of Medicine*, for November, 1847, two cases of albuminuria with dropsy, in which the corrosive sublimate was exhibited. He tells us that "the treatment in these successful cases consisted in the administration of hydragogues for the direct removal of the fluid, and of bichloride of mercury for the original disease. The latter was given in doses from one-sixteenth to one-fourth grain, ter in die, in solution in tincture of bark one drachm. Under a steady exhibition of this, the albuminous deposit of the urine disappeared entirely in one case, and was considerably diminished in the other." In respect to the value of the corrosive sublimate as a remedy in renal dropsy, my own observations in hospital and private practice entirely accord with the favorable reports of its use I have cited.

Next to corrosive sublimate, in point of value as an alterative, ranks, perhaps, the iodide of potassium. This salt has been used with marked success in some cases, but it is more active as a diuretic in renal dropsy, than as an alterative. But so far as I have had opportunities to observe its action, it seems to have no solid claim to distinction as a remedy or palliative in this disease.

In regard to some diuretics they are objectionable on account of their over stimulating the kidneys and thus tending to increase their hyperæmic condition. Among the diuretics which are believed to be most useful are

the acetate of potassa with the infusion of buchu and the liquor ammoniæ acetatis. The apocynum cannabinum is an active diuretic, and but for its nauseating and depressing and cathartic effect would often be preferred to any agent of its class.

As to squill, digitalis, and juniper, there is a question as to their suitability to the treatment of uræmia. The question is suggested by the interesting investigations of Dr. Hammond, the present Surgeon-General of the United States army, into the action of these well known diuretics. This gentleman thinks that it is deducible from his experiments "that neither digitalis, juniper, nor squill, increases the total amount of solid matter eliminated by the kidneys, and that the organic matter is considerably reduced through their influence. Although they do increase the amount of inorganic matter removed through the urine, yet as it is the organic matter which is generally considered as contaminating the blood in disease, it is evident they exert no effect whatever in depurating this fluid, but, on the contrary, are positively injurious." Now, if this be so, seeing that uræa is organic matter and accumulated in the blood in Bright's disease, are not digitalis, squill, and juniper improper diuretics in that disorder?

It is curious to notice, in connexion with these statements of Dr. Hammond, the opinion of Dr. Blackall in regard to the use of squill in renal dropsy. He says he has "sometimes seen it render service where the urine is partially coagulable. But in proportion as that symptom becomes more marked by its extreme constitutional characters, inflammations and a weakness of the digestive organs, it fails in its effect, or is even injurious. I have seldom had so much reason to regret the use of medicine as of squill in these circumstances."

As respects digitalis, if its action, like that alleged of squill, is to reduce the elimination of *organic* matter from the blood, though it increases the *inorganic*, it must be, at least in the advanced, if not in the earlier stages of uræmia, a dangerous diuretic, seeing that besides causing an accumulation of uræa in the blood, it adds to this fluid its own peculiar proximate principle, *digitalia*, one of the most poisonous arterial sedatives. These two poisons, mingled and accumulated in the blood, and having no neutralizing action on each other, produce what may be called a double toxæmia, and thus not only aggravate the disease, but cause great exhaustion and sometimes sudden death.

If this view of the action of digitalis be correct, it seems proper to regard this agent as a simple hydragogue diuretic, and to confine its use to cases of dropsy in which there is no uræmia, as in cardiac dropsy, in which, combined with squill and calomel or blue pill, it has long been distinguished as a most effective means of removing serous effusion. Moreover, its use in dropsy depending on organic lesion of the heart should not generally be prescribed, until we are assured that the disease is not seriously complicated with uræmia.

These remarks concerning the action of digitalis naturally lead to the inquiry whether there are other poisonous vegetable principles, which, if used too freely in renal dropsy, may be injurious? Is it so with the organic alkalies of opium? There are occasional conditions in Bright's disease in which opium is indicated, and in which it may be advantageously administered. Its diaphoretic action, promoted by combining it with ipecac, as in Dover's powder, may in some cases give it a preference over other narcotics. But as opium manifestly diminishes the secretion of urine, and consequently causes an accumulation of uræa in the blood, and as it has probably no power to neutralize uræa, such as it has to neutralize atropia and other mydriatics, there is danger of its poisonous influence interfering with the elimination of uræa, and, in this way, of destroying life. Such an incident happened in a case in which I had an opportunity of observing the phenomena a short time before death, and of noting the post-mortem appearances. Of similar cases there are authentic accounts.

There is another class of remedies which we must refer

to, viz. purgatives. It is well known that the hydragogue cathartics are used with great benefit in general dropsy. They are advantageous in causing the absorption and discharge of the serum accumulated in the areolar tissue, and in the various closed cavities of the body. In this particular they are perhaps to be preferred in many cases to diuretics. Are they not, also, to some extent, useful as eliminatives of urea from the blood? Of this class of remedies the pulvis purgans, elaterium, senna, and the salines are the most favorable in their action. Care should be taken that they do not induce excessive irritation of the intestines.

In regard to diaphoretics, Prof. Clark has so well treated the subject that I may be excused from going over the ground a second time. I may merely mention, in passing, a remedy in which I have great confidence, and which has always, in my hands, been attended with pretty uniform results. I refer to a combination of the liquor ammoniac acetatis and ipecacuanha. The former of these acts both upon the skin and kidneys, and tends to reduce the accumulation of fluid very rapidly. It is used advantageously with the great diaphoretic, so favorably noticed by Prof. Clark, viz. the hot-air or vapor bath. Most physicians are acquainted with the mode of applying this remedy. In the great majority of cases in which it is used, it proves serviceable. Its efficacy, however, is limited to the cases in which the cutaneous transpiration is readily increased. If, after a few trials, it fails to act as a sudorific, its continued use may be injurious. There is a collection of twenty-five cases of renal dropsy, published by Dr. Oscar G. Smith, in the *New York Journal of Medicine*, for January, 1857, which occurred during the three years, ending November 1, 1856, in the New York hospital, and which were mostly treated by the hot vapor bath, and the spiritus mindereri and ipecac, under the direction of Drs. Metcalf, Griscom, Swett, Bulkley, T. F. Cook, and myself. Of these twenty-five cases, it is said seven recovered, twelve were relieved, one improved, and five died. Though so many are reported as leaving recovered or been entirely relieved, it is not probable that all of them were, strictly speaking, cured. It is rare to see a case of chronic Bright's disease so perfectly recovered as to show no evidence of its existence in the renal secretion.

We now come to consider the third indication of treatment in the chronic form of albuminuria, viz. to prevent or remove complications. Besides the dropsical effusions, which so constantly attend the disease, there are various other affections of a general or local character, which occasionally occur, and which increase the gravity and fatal tendency of the malady. The more common of these complications are convulsions, coma, amaurosis, or fatty degeneration of the retina, vomiting and inflammations of the brain, pericardium, endocardium, pleura, and peritoneum. To prevent these occurrences, nothing more can be done than to carefully avoid their exciting causes. Warm clothing and warm apartments will be found conducive to the comfort and safety of the patient; and if he be anæmic and feeble, the tincture of the sesquichloride of iron or some other ferruginous preparation will be an appropriate prescription. As to the remedies to be employed, in the event of any of the complications occurring, to which I have referred, I need not enumerate them. They are sufficiently well understood by every general practitioner. It must be observed, however, that in using them, caution is necessary on account of the peculiar condition of the patient.

Now, in respect to one other point, and I will close. It is said by my distinguished colleague, Prof. Dalton, in his *Treatise on Human Physiology*, that "the quantity of urea varies with the nature of the food. Lehmann, by experiments on his own person, found that the quantity was larger while living exclusively on animal food, than with a mixed or vegetable diet; and that it generally was smallest when confined to a diet of purely non-nitrogenous substances, as starch, sugar, and oil." The daily quantity of

urea in the urine when animal food was exclusively taken was 798 grains; when non-nitrogenous food was taken, such as those just mentioned, the quantity was only 231 grains, a difference of 567 grains. This is a very remarkable fact; and, if it be true, as Dumas asserts, respecting the origin of urea in the animal economy, that this substance proceeds from the albuminoid substances destroyed in the blood by an oxidating process, would not great advantage result to albuminurial patients, at least such of them as are plethoric and eat much animal food, if they would avoid such diet, and thus diminish the amount of urea generated in the blood? These considerations appear to me to deserve the special attention of gentlemen who have the direction of the regimen of women during the period of utero-gestation, and particularly of those primiparæ whose conformation of body and general hyperæmia predispose them to eclampsia.

NITROUS OXIDE.

ITS MEDICINAL PROPERTIES AND APPLICATIONS.

By GEO. J. ZIEGLER, M.D.,

OF PHILADELPHIA.

Two late numbers of the *MEDICAL TIMES* contain an interesting article on the use of nitrous oxide in certain fevers, which the author, Dr. Shumard, seems to think is new and peculiar to himself. But such is not the case, for the observations which he records in favor of the curative efficiency of the protoxide of nitrogen in the febrile conditions mentioned, are only confirmatory of the many facts and suggestions upon the subject of the unique properties and valuable therapeutical applications of nitrous oxide long since and repeatedly presented by myself in the several publications named below. I have therein shown that the protoxide of nitrogen possesses powerful hæmætic, neurotic, exhilarant, and other characteristic properties, and that it is applicable to the treatment of numerous and diversified disorders of the animal economy. Also that it is especially indicated notoriously in typhus, but likewise in intermittent, congestive, yellow, and all other fevers of a similar character, as well as in adynamic states generally. Furthermore, that it is useful in certain other toxical conditions of the system from various poisonous substances which may either be generated within or be introduced from without the body. Moreover, that the peculiar constitution, characteristic properties, and extensive range of therapeutic application renders the nitrous oxide one of the most remarkable and valuable remedial agents known. In brief, as I have elsewhere stated, my own observations, experiments, and experience have taught me that the protoxide of nitrogen, or so called "laughing gas," is a direct, potent, and permanent chemico-organic, arterial, nervous, cerebral, and general stimulant, diuretic, aphrodisiac, and antitoxic; and is thus a superior hæmætic, neurotic, tonic, secernent, resolvent, alterative, antidote, antiseptic, etc., etc.

The nitrous oxide may be administered either in its gaseous state immediately by the lungs, or be combined with some liquid, and thus introduced through the alimentary canal. For obvious reasons water is the most eligible vehicle for the purpose, and when surcharged with protoxide of nitrogen forms a very convenient and not unpleasant preparation. The addition of aromatic and other agreeable compatible substances makes this compound a very palatable beverage. The nitrous oxide water may be used in doses of from fʒj. to Oss. or more, and as frequently as necessary, according to the exigencies of the case requiring treatment, and be exhibited either by the mouth or rectum.*

But as I did not intend to enlarge upon this subject at present, though expecting to do so soon, I will in conclusion refer those interested to the more specific details of

* The nitrous oxide water (Aq. Nitrog. Protox.) is prepared and sold by T. A. Lancaster, pharmacist, Arch and Tenth streets, Philadelphia.

the medicinal properties and applications of nitrous oxide in my former publications. These are respectively entitled:—Zoo-adenia; Toxicological (but which should have been Antidotal) Applications of Nitrous Oxide, *Boston Med. and Surg. Journ.*, Vol. xlv. No. 14; Anæmiosis—its Consequences, Prevention, and Treatment, *Ibid.*, Vol. xlv. Nos. 22 and 23; Experimental Investigation on the Antidotal and Revivifying Properties of Nitrous Oxide, *Ibid.*, xlvii. No. 19; Hæmiosis—its Natural and Artificial Induction, *Ibid.*, Vol. xlix. Nos. 3, 4, 5, and 6; Glucosis, *Ibid.*, Vol. l. No. 11; Nitrous Oxide—its Properties and Applications, *Dental Cosmos*, Vol. i. No. 2.

I hope these brief remarks will help to concentrate attention upon a remedial agent of extraordinary power, and promote the cause of science.

PHILADELPHIA, January 19, 1863.

Reports of Hospitals.

U. S. GENERAL HOSPITAL, LEXINGTON AVENUE, N. Y.

CASES OF GUNSHOT WOUND.

By A. E. M. PURDY, M.D.,
ACTING ASSISTANT SURGEON U.S.A.

CASE I.—Gunshot Wound of Arm.—Erysipelas.—Amputation.—Alvah Cotton, private Co. F, 22d Regiment Mass. Vols. Wounded in the action at Gaines' Hill, June 27, 1862. The regiment being outflanked, they were forced to retreat; and it was during this retreat he received his wounds. The first ball entered the left nates, obliquely emerging through the perineum, and passing directly through the scrotum, destroying the right testicle and cutting off a piece from the right side of the glans penis. The second ball entered about half an inch above the styloid process of the ulna, passed through the fascia and tendons, and emerged at the metacarpo-phalangeal articulation of the thumb. After receiving these wounds he walked about twenty rods to a log shanty.

In a short time a rebel soldier came along and threatened to bayonet him, but upon his expostulating he was ordered to the rear as prisoner. He then walked about one-third of a mile to a creek, where he asked the rebel to let him drink. In striving to get some water, being fatigued from his exertions and exhausted by the hæmorrhage from these wounds, he fell into the water, where he remained about two hours. By this time the fighting was over, and the rebels having all they could do to look after their own wounded, upon his solicitation taking him out of the water, they placed him upon the bank, leaving him covered with his blanket. He slept there all night, and in the morning the rebels came back and removed him to a hospital at Gaines' Hill, where he remained about a month, when he was sent to Richmond, and from thence was sent north on parole. While in hospital at Gaines' Hill the arm was attacked with erysipelas, which so increased that upon his arrival at Fortress Monroe it was deemed necessary to lay open the limb, on its internal aspect, from the carpal joint to within an inch of the axilla. The wounds were dressed throughout with cold water, except during the attack of erysipelas, when poultices of flaxseed were used. Upon arriving at this hospital, August 1, 1862, the wound of the scrotum had almost healed, and, in fact, had given very little trouble. The arm was slightly swollen, with a little appearance of erysipelas; the wound in the arm was discharging large quantities of quite healthy pus, but was not healing. The arm began gradually to swell, and the discharge increased. His vitality, already low, became weaker daily, until it was deemed best to amputate, which operation was performed on the 16th of August, 1862, by Dr. Alexander B. Mott, surgeon in charge, assisted by Dr. John J. Craue. The circular method was chosen, and upon the incision being made the parts were found extensively

infiltrated with serum. The patient rallied well after the operation; water dressings were applied, and dry lint used for the first month, at the end of which time the patient was able to walk about the ward.

II.—Gunshot Wound of Knee.—Amputation of Thigh.—Charles Mensh, private, Co. H, 33d Regt. N. Y. Vols. Wounded in the action at Williamsburgh, Va., May 5, 1862. The ball entered about four inches above the patella, passed completely through the joint, and emerged at the external side of the tibia, three inches below the lower border of the patella. The wound was received during a bayonet charge, the knee being flexed. He fired his piece several times after receiving the wound, but finally fell and was carried to the rear, where water dressings were applied. Upon his admission to this hospital, May 14, 1862, the tissues of the joint were wholly destroyed, the wound discharging a thin sanious fluid, and the probe could be passed through the trajet of the ball. A consultation being held, amputation was deemed advisable; but the patient being averse to losing the limb, it was not thought dangerous to temporize. His strength, however, continued to fail, with intense pain, which was continuous, and any longer delay was deemed dangerous. Accordingly, on the 31st of May, the leg was amputated at the middle third of the thigh, by Dr. Alexander B. Mott, the double flap operation being chosen. The patient bore the shock remarkably well, and rallied rapidly. The flaps were brought together by interrupted sutures, and everything went well. On the second day the flaps seemed to have united by first intention, but on the afternoon of the seventh day the edges of the wound presented a thickened livid appearance, the capillary circulation was very feeble, and the adhesions and granulations could be easily broken up. The discharge was thin and fetid. The patient at this time was pale, with extremities cold, and a slightly accelerated pulse. Stimulants and nourishment were freely given, but with no success, as the patient sank, dying in ten hours after the first appearance of the disorder, which proved to be gangrene.

III.—Gunshot Wound of Wrist.—Amputation of Forearm.—Almond Davis, private, Co. E, 32d Regt. N. Y. Vols. Wounded at the battle of Williamsburgh, Va., May 5, 1862, by a Minié ball, which passed through the carpus, shattering it completely. Upon his arrival at this hospital, May 26, 1862, the wound showed no signs of healing, but was cedematous. A considerable erysipelatous inflammation set in. A slight incision revealed the shattered condition of the bones and the total destruction of the tissues, when it was thought best to amputate. This the patient readily assented to, as he had been anxious for some time previous. The operation was performed at the lower third of the forearm, on the 31st of May, the method chosen being the ordinary circular one, by Dr. Alexander B. Mott. The patient rallied well. The edges of the wound were brought together with sutures. The day following the operation the patient was seized with rigors, followed by violent febrile symptoms; at the same time there was slight delirium at intervals. The stump looked angry, and the discharge became thin and scanty, and it was thought best to open the wound. His stomach now became irritable, being scarcely able to retain his food. At the same time a slight diarrhoea commenced, which greatly prostrated him. The chills continued, but more frequent, and the delirium became now constant. The vomiting became worse hourly, and nothing was retained for a moment. His vitality, already low, now gradually failed, the delirium and diarrhoea continuing until his death, which took place on the seventh day after amputation.

IV.—Gunshot Wound of Face.—Harlen P. West, private, Co. I, 38th Regt. N. Y. Vols. Wounded in the action at Williamsburgh, Va., May 5, 1862. The ball entered the left side of the face, internally to the zygoma, and fracturing it, separating the malar bone from its articulations, fracturing the squamous portion of the temporal bone, also the ramus and symphysis of the inferior maxilla, emerged anteriorly to the right of the larynx. For twenty-four hours

after receiving the wound there was extensive hæmorrhage, which ceased spontaneously. Upon his arrival at this hospital, May 25th, his face was greatly swollen, and deglutition was almost impossible. He continued to suffer until the 31st of May, when he died rather suddenly, and an autopsy revealed the above facts.

V.—Gunshot Wound of Left Groin.—Neuralgia.—Removal of ball.—Daniel Glacken, private, Co. I, 73d Regt. N. Y. Vols. Wounded at the battle of Williamsburgh, Va., May 5, 1862. The ball entered the left inguinal region, half an inch above Poupart's ligament on the external side, and barely escaped the femoral artery and vein. At the time of receiving the wound he was erect in the act of making a charge upon the enemy; he instantly fell and remained upon the field of battle five hours, when he was taken to the field hospital, where his wound was dressed with cold water. The hæmorrhage was slight, and the ball remained in the wound. He was transported to Fortress Monroe, where he remained only a short time, coming to New York, via Baltimore, where he tarried two days. Upon his arrival, May 14, 1862, the wound was about an inch in length, the femoral artery pulsating on the inner edge; it was discharging freely and very painful, and the patient was unable to move. He continued to suffer such intense pain that it became necessary to give him 60 gtt. Magendie's solution of sulph. morphine daily. An attempt was made to probe for the ball, but without success. This state continued until the 5th of June, when it was determined to enlarge the wound on the external side and search for the ball. The patient was accordingly etherized, and the opening enlarged about an inch. Dr. Alex. B. Mott introduced his finger carefully, and after considerable manipulation the ball could be detected downwards and backwards between the gluteal muscles, and the sac of the peritoneum could be distinctly felt above the finger. A pair of curved polypus forceps were introduced, and the ball extracted. It proved to be a round musket ball. After its extraction the pain diminished and more perfect rest was obtained, until June 15, 1862, when a swelling was noticed on the thigh, and a large abscess formed extending from the gluteal region to the knee, beneath the fascia lata. Upon being opened it discharged a large quantity of fetid pus, which discharge continued so profuse for about forty days that it became necessary to give syr. ferri iodid. and stimulants, to keep up the patient's strength. August 1st.—The patient seemed to improve slightly, the pain became less severe, the discharge less and more healthy, and the swelling on the hip considerably diminished. The improvement continued until August 15th, when he was able to walk about the ward on crutches, and by the 1st of September could walk with very slight assistance from a cane.

Reports of Societies.

NEW YORK COUNTY MEDICAL SOCIETY.

STATED MEETING, JAN. 5, 1868.

ALFRED UNDERHILL, M.D., PRESIDENT, IN THE CHAIR.

[Reported by GUIDO FURMAN, M.D., Secretary.]

DISCUSSION ON DIPHTHERIA.

Dr. CONANT first referred to the writings of Bretonneau, who first described the disease, and who considered it to be a pseudo-membranous stomatitis, purely local, and destroying life by its effects on the larynx. His treatment was directed almost entirely to the respiratory passages.

The speaker next referred to the views of Lacocq and others, who regard this malady as due to the presence of a parasitic fungus, the *oidium albicans*, whose irritation upon the mucous membrane excites exudation of plasma, though it produces neither vesicles nor ulceration, like the aphthous mouth; it has a deeper red congested base, and is undoubtedly contagious in character, inasmuch as,

if by accident or otherwise the parasite be brought in contact with the mucous membrane of the attending physician or nurse, the disease is readily propagated. The treatment of those who entertained these views was principally of a local nature; Antiseptics to destroy the fungus: gargles of borax, chlorate of potash, corrosive sublimate, the sulphates of iron, zinc, and copper, together with general tonics and stimulants.

Reference was then made to a letter written by Dr. Ash, of Birmingham, England, dated Nov. 30, 1778, in which he describes a disease, then prevailing extensively in that vicinity, with all the characteristic symptoms of diphtheria.

The physicians of the present day are almost universal in the belief that this is a zymotic disease, and that the older physicians were mistaken in their views of its nature, and, consequently, were led into error in regard to the treatment.

Dr. C. described this malady under three types, as follows: First, the mild or pharyngeal; where the constitutional disturbances are mild, and where the pseudo-membranous formation is confined exclusively to the upper part of the pharynx.

Second, The type, which he called the croupal or laryngeal, was that in which the exudation extended down into the rima glottidis; the offensive breath, accompanied by the characteristic discharge from the nose, was present, and all the constitutional symptoms were more intense. This form is very likely to be mistaken for croup, and it is of the utmost importance that the diagnosis should be correct, as the treatment is almost diametrically opposite.

The Third, he called the malignant type, in which we have all the symptoms aggravated, the disease extending to the bronchial tubes, and the general system prostrated from the onset of the malady. The pulse is rapid, but without volume; and the muscles seem to lose entirely their tonicity. Patients suffering from this form may die in from twelve to thirty-six hours, and treatment can be of little avail; but in the former types the following treatment was recommended.

The local treatment consisted of muriated tinct. iron, muriatic acid, and muriate of ammonia, applied with a soft brush, in such strength as will be found acceptable to the patient; ignoring hard sponging or anything tending to increase the irritation. Tracheotomy could hardly be taken into consideration, as in all those cases where the larynx is involved so as to require the operation, the malady has extended far down into the trachea. The excretions should be carefully watched. In the early stage of the disease it is well to administer a few mild doses of some alterative cathartic.

Thirdly: The sustaining treatment. This being by far the most important, comprising the ferruginous tonics, especially the muriated tincture of iron with quinine, beef tea, milk punch, egg nog, wine whey, and so forth, used per rectum if the patient is unable to swallow, were highly recommended. The sick room should be well ventilated, the atmosphere be kept dry, and the temperature from 65 to 70 degrees Fahrenheit.

Dr. C. believes that much can be done to prevent or modify the severity of this disease, when persons are rendered liable to contract the same, by the use of small doses of aconite and belladonna, the former for its diaphoretic properties, and the belladonna to deaden the irritability of the nervous system; and by the use of the muriatic tincture of iron.

This disorder occurs much more frequently in the young than the adult, a very large proportion of deaths occurring in children from one to five years of age; male and female being equally liable. Wealth and affluence are no barrier, as children surrounded by every comfort which these can bestow are not exempt from its invasion. Reference was made to reports of cases occurring in country farm-houses, when children occupying tenement houses in the factory villages near by remained entirely exempt; and Dr. C. believes that the disease is more malignant and fatal in

country towns than in large cities in proportion to the number attacked.

The duration of diphtheria is from six to eight days; but in many cases convalescence is much prolonged, and in these there is very frequently paralysis in one or more nerves as a sequela, which Dr. C. believes conclusively proves this to be a blood disease, though he is aware that we may have reflex paralysis from irritation to any given nerve. Dr. C. cited four cases that came under his own observation, where paralysis of the optic nerves occurred with almost total blindness, but which recovered perfectly under the use of iron and quinine in about three months from the attack. He also referred to cases of paralysis of the phrenic, glosso-pharyngeal, and spinal accessory nerves, following cases where severe adenitis had been present in the deep cervical glands. The cases are reported to have died.

An opportunity of making a post-mortem examination of the dead body, when diphtheria was the cause of death, had never presented itself to the speaker, but as far as he can learn from reported post-mortems, nothing of particular interest had been found.

He then referred to some twenty-four cases, for whose treatment he had been more or less responsible, only one of whom had died: also to the report of Mons. Loiseau, of ninety-five cases, treated topically, with only two deaths; to the report of Dr. Creighton, of Edinburgh, of forty-five cases, of whom seven died; of 564 cases, reported by Dr. Ellis, of Crowell, Lincolnshire, in which 78 cases proved fatal; again, to the report of Surgeon-General Vanderpoel of this State, where diphtheria was manifest in 144 recruits, of whom only one died; all were treated with the muriated tincture of iron and muriatic acid in water, strong enough to make a pleasant drink. Lastly, Dr. C. referred to the report of Dr. I. H. Guilt, of Rupert, Vermont; this gentleman reports sixty-five cases, and only one death, thus showing that the mortality is less than generally supposed. In conclusion Dr. C. stated his belief that the investigation of the sequelæ would lead to the discovery of the true pathology of this disorder.

Dr. PEASLEE entertained similar views of diphtheria; remarking that the pathology of the disease in question was not yet fully established, though it of course was the basis of all rational treatment.

Dr. P. maintained that zymotic diseases alone were followed by true sequelæ. Besides, the same exudation is sometimes to be found in cases of diphtheria, on other parts of the mucous membrane, as in the vagina and conjunctiva; the appearance of it on a vesicated surface, he did not, however, consider distinctive. It not being a local disease, he thinks that comparatively slight attention should be paid to the local symptoms. The nitrate of silver, chlorate of potash, muriated tincture of iron and iodine were advocated by the speaker as local applications when the exudation required them. The great remedy, however, is, as in all zymotic diseases, "quinine." Muriated tincture of iron is good, but does not, generally, agree as well with the stomach as the quinine. In general he would say quinine, pure air, and the most nourishing diet, with stimulants if required, would constitute the treatment of this disease. When prostration and typhoid symptoms occur, treat it as you would typhoid fever. Considers dissolving agents of the diphtheritic exudation as useless, except when it is so abundant as to interfere with respiration.

Dr. STONE stated that his views coincided with the observations made by Drs. Conant and Peaslee, and extolled the use of tonics, stimulants, and nourishment. He advocated good food and wine, fresh air, and plenty of it, as the principal remedies. Related a case in which he recently adopted the out-of-door treatment, which was successful; still he would not subject a patient to a north-east wind. Dr. S., believing it to be a blood disease, considers the local treatment of but little importance. Considers it to be contagious, and related a circumstance

where this disease cleared out a whole school, the teacher and his family included. Vomiting he looks upon as a fatal symptom. He related the case of a lady, who was in perfect health on a Friday evening, and died the following Tuesday afternoon of diphtheria. During the last day of her life her catamenia, which were regular, appeared, and with it the vomiting, which always accompanied this function in her; at the time this occurred she was convalescing, and it is Dr. Stone's opinion that her death was due exclusively to the vomiting.

Dr. BULKLEY regards it as a blood disease, and considers the local treatment as comparatively of little consequence. Is in the habit of using internally a combination of chlorate of potash and muriated tincture of iron, nourishing diet, such as beef-tea, etc., also stimulants according to the severity of the case. Dr. B. has recognised the diphtheritic exudation on the lips.

Dr. B. read a notice which he had met with in a London Journal of the occurrence of a case of diphtheria at sea, in an officer in the merchant service, who was attacked by it sixty miles off the Cape of Good Hope, on a return voyage from Australia, being then two months out from Melbourne. The disease was very severe, and was succeeded by loss of voice and general paralysis of the limbs, which lasted to a greater or less degree during the remainder of the voyage (two months) and for nearly three months afterwards. He was fast recovering when the letter was written. It was the only case that occurred on board the ship. The weather was exceedingly hot, but the ship was not particularly foul; there was no unusual amount of illness on board during the voyage. The patient was not called below by duty more than others, and he was not aware that diphtheria was prevalent at Melbourne during his stay there.

Dr. Downs gave the history, treatment, and results of several cases occurring in his practice.

The Society then adjourned.

FOREIGN CORRESPONDENCE.

LETTER XXIV.

BY PROF. CHARLES A. LEE.

MINERAL WATERS.

WIESBADEN, Sept., 1862.

PERHAPS no part of the world contains, within so small a compass, so many valuable mineral waters as this duchy of Nassau. Nor would it be easy to find a greater variety of beautiful scenery. Its thermal springs are described by Pliny in his Natural History, and there is no reason to doubt but they have been known and highly prized from a very remote antiquity. This, certainly, is a highly favored country in many respects. Its soil is fertile; its climate is admirable; its inhabitants intelligent, temperate, honest, and industrious; education, being compulsory, is universal; begging prohibited; taxes light; peace and plenty everywhere abound. This small duchy would seem to embrace an epitome of all the medicinal springs of the world; at Weilbach, e. g. we have the sulphur; at Sollen, the cold saline; at Kronthal, the acidulous and chalybeate; at Baden and Wiesbaden, the hot saline; at Homburg, the cold saline and chalybeate; at Swalbach, the chalybeate; at Ems, the hot alkaline; the same at Solhlangenbad, etc., etc.

Wiesbaden is the capital of the duchy, and only about two miles from the Rhine. For beauty of scenery, elegant buildings, fine roads and walks, splendid hotels and lodging-houses, and magnificent curial, it is not surpassed by any watering-place on the continent. Gaming is here under the superintendence of the government, as at Homburg and Baden, but it is said that the stakes are not usually as high as at the latter places. I, however, saw no difference in this respect. The duke is very wise in prohibiting his own subjects from playing, although he is willing to participate in the profits derived from gullible foreigners.

Although there are several springs here, there is only

one deserving particular mention, viz. the Kochbrunnen. Here a handsome colonnade has been erected, and crowds assemble every morning to drink the water. Immense quantities of carbonic acid gas are given off, as at Baden, which causes a constant ebullition of the waters. On one side of the place is a hospital for poor patients requiring the use of the waters, as at all the watering-places of Germany. A constant stream of vapor ascends from the spring. All the neighboring bath-houses and hotels are supplied from this source. Some of the hotels, however, are supplied from the other springs, which are situated nearer. The temperature of the Kochbrunnen is about 158° F. The water is limpid and nearly odorless. The chloride of sodium constitutes seven-eighths of its entire mineral constituents, the chlorides of magnesium and of lime existing in very small quantity, and a trace of the bromide of potassium. Walchner has recently detected in it a minute quantity of arsenic, and there is reason to believe it exists in most mineral waters. Wiesbaden is more frequented by real invalids than Baden, and chiefly for the purpose of bathing; a considerable proportion, however, drink the waters at the same time. Considering the elevated temperature of the water, and its gaseous contents, its baths must necessarily prove very stimulating, and instances are not wanting where they have proved injurious, owing to this circumstance; and hence it is quite common for physicians to advise a certain portion of pure water to be mixed with it. There are about fifty bathing establishments in the town, and nearly one thousand bath cabinets. The Kochbrunnen and Adler supply the greater number, but several, as already stated, have their special springs. The principal establishments have *douching* apparatus, not descending from a height in a large column as at some of our water-cures, although there are three such, where the water falls from fourteen to sixteen feet. These are not much used, but the lateral *douche* is in great repute. The water is pumped from outside the bath, and passes through a flexible tube introduced by a hole in the door, and an attendant directs it to the part required. They are only given in the bath, the whole body being exposed, while in some other places I have known an arm or leg passed through a screen with apertures, the patient, in the meantime, keeping his clothes on. The temperature of the different springs varies from 158° to 140°, the Schützenhof, which is the most remote. There is no doubt that all have a common source, and the water is cooled by passing some distance under ground before coming to the surface. In all cases the water is left for some hours in reservoirs or baths to cool before it is used, acid and in the meantime parts with much of its carbonic gas.

The different springs differ but very little in chemical composition. The only springs in Germany which resemble it are those of Borcette, near Aix-la-Chapelle. All European physicians, I believe, agree in opinion that the Wiesbaden springs are, in some diseases, the most valuable mineral waters known, especially in gout and rheumatism of a chronic character. Indeed some do go so far in their enthusiasm as to say that the more inveterate the gout the more certain it is to be cured or alleviated by the use of these waters. The water is used both internally and externally in such cases, and mild douching upon the stiff and swollen parts exerts a very happy influence, unless, perhaps, there be acute inflammation present. Some complain of unpleasant effects after using these waters for bathing and drinking a short time, such as headache, insomnia, giddiness, flushing, and throbbing of the temples, etc. These rapidly disappear on taking some laxative and suspending the use of the waters; but if they are disregarded, it is very common to find them followed by excessive transpiration, miliary eruptions, diarrhoea, and an ammoniacal sediment in the urine. Nearly all gouty patients who come here are told by the resident physicians that they must expect to be worse before they are better, and that their disease will probably be aggravated at first. In cases

of repelled and irregular gout I am told that a course of these waters causes the morbid action to be restricted to one spot, but it is very common for gouty persons to have an attack brought on when first commencing the use of the waters. From what I have seen and heard I certainly should not advise any laboring under acute forms of rheumatism or gout to venture on their use; but if I had either in a chronic form I should place more confidence in them than any mineral waters I am acquainted with. Our distinguished fellow townsman, the Rev. Dr. Chapin, has been nearly if not quite cured of his rheumatism, or rheumatic gout, by the Wiesbaden waters during the present season. In ordinary cases two or three weeks will suffice for a cure; but where the disease has been of long standing a longer time will be required. I am inclined to think that sufficient attention is not paid by the physicians here to the heart-complications of rheumatism, and corresponding modifications in the treatment; auscultation and percussion being less practised than in our own country. I believe it is generally agreed that these waters prove prejudicial in organic diseases of the lungs, heart, and abdominal organs generally, except hemorrhoidal affections, in which they have been often useful. They have a good deal of reputation in a certain kind of chronic palsies, in non-plethoric subjects, with no cerebral tendencies; also in scrofulous cases, and generally disordered health, without actual local disease. Patients who labor under the sequelæ of intermittent or remittent fevers, as splenic and other engorgements, dry skin, and deranged abdominal secretions, are usually benefited by a course of these waters. The same may be said of hypochondriasis, derangement of the menstrual function, syphilitic and mercurial affections, certain cutaneous affections, as psoriasis, impetigo, etc., bronchial and laryngeal affections not complicated with tuberculous disease, etc. Too much, however, is generally expected from these as well as other mineral waters, especially where disease has been of long standing. An amelioration may often be safely calculated upon where a cure is out of the question.

American Medical Times.

SATURDAY, FEBRUARY 7, 1863.

STATE COMMISSIONERS IN LUNACY.

WE have already noticed the fact that his Excellency Gov. SEYMOUR has renewed the recommendation to the Legislature to create in this State a commissioner in lunacy. For several successive years such a bill has been before the Legislature, but some pernicious and unaccountable influence has thus far prevented its enactment. It is probable that it has failed because, in the lobby phrase, "there is no money in it!" The friends of this most righteous measure should not be discouraged by repeated defeats, but should urge its passage by every legitimate means and argument.

Volumes might be written in advocacy of this measure, but we shall not find language more cogent, nor arguments more convincing, than in the report of the Select Committee of the Senate on *Charitable Institutions, Poor-Houses, etc.*, made in 1857. Who can contemplate the following facts, established by that Commission, without being made an earnest advocate of a law that will remedy the evil? They assert that in the Empire State 329 males and 508 females, lunatics (their number must now be much increased), are confined in poorhouses, destitute of medical care and attendance. Of these 837 destitute beings

130 were reported as being in *cells and chains*! In some cases the inmates sicken and die without any attendance whatever. The treatment of lunatics and idiots is frequently abusive. The cells and sheds in which they are confined are *wretched abodes*, often wholly *unprovided with bedding*. In most cases female lunatics had none but male attendants. Instances were testified to of *whipping* of male and female idiots and lunatics, and of confining the latter in loathsome cells and binding them with chains. In some poor-houses the committee found lunatics, both male and female, in cells, *in a state of nudity*. The cells were intolerably offensive, littered with the long accumulated filth of the occupants, and with straw reduced to chaff by long use as bedding, portions of which, mingled with the filth, adhered to the persons of the inmates, and formed the *ONLY COVERING* they had.

What sickening details of human sorrow and wretchedness may not these facts justly suggest to a benevolent mind! What scenes of insane violence, what anguish of spirit leading to despair, what midnight cursings and hideous noises, that would chill the blood of a fiend! Such shocking barbarities towards a class of innocent and helpless beings is as revolting as any of the revelations of the scenes in madhouses of the seventeenth century. And yet they exist in our very midst, and among the constituents of every member of the present legislature. They are not patent to public observation, but lurk in that gloomy abode of poverty, the alms-house, which the country people shun as they would a pest-house. Will such abominations last for ever?

The true remedy for this great evil is a properly constructed commission in lunacy, intrusted with ample power to examine into and improve the condition of the pauper insane. This commission should not be temporary, but permanent in its organization. Nor should it consist of a single commissioner. We have shown on other occasions how inadequate would be the labors of a single person, however well qualified to the service required. The commission should consist of at least three members of our profession, who, by their experience, special knowledge, and writings, are what may be properly termed *EXPERTS IN LUNACY*. They should not only have a general supervision of the insane of the State, whether in asylums or out, but they should be qualified to counsel and guide public authorities in their administration of all that concerns insane persons. Fortunately we have men thoroughly competent to perform such duties. COVENTRY, GRAY, BROWN, BRADFORD, RANNEY, PARIGOT, OGDEN, CHAPIN, CLEVELAND, HALL, COATES, are names of medical men of this State who are eminently qualified for these special services.

For several years the reports of European commissioners in lunacy, and also those of some of the United States, have been the best sources of information on insanity. They contain a condensed review of all the valuable documents presented by the superintendents of asylums. They are no longer limited, as formerly, to mere statistics, but they now contain, besides the statistical tables, all possible information on the most essential points. They discuss at length the best methods of moral and medical treatment, and the hygiene and special architecture of asylums. The recent agitation of the *Free-Air System* is a topic, for example, which commissioners have studied and discussed to great advantage. We refer now to free-air colonies, and not to the *economical scheme* of

converting asylums into self-supporting farms, like that of Fitz-James, near Paris. There are also many subordinate questions, which such commissioners investigate, as, pauperism, drunkenness, the solitary confinement in imprisonment, emigration, the moral and physical education of idiots, etc., etc. As a model in these respects we might refer to the reports of the Massachusetts Commissioners. But still other services might be required from such commissioners; they should be called upon to prepare any proposed law on insanity which the government or legislature might wish to consider. This would require familiarity with the existing laws on insanity, and with those lately enacted in England, Germany, France, and other foreign countries.

The benefits which will follow the appointment of a commission may be briefly stated:—first, a complete reform in the treatment of lunatics and idiots; secondly, an effective diminution of insane persons by cure; and, thirdly, the alleviation of the sufferings of incurables, and the readmittance of all to their natural rights.

THE WEEK.

Two suicides and one homicide were reported on one day as occurring at the hands of persons who have been recognised as of unsound mind, but who have been allowed at large. The first was the case of JOHN FITZGERALD, a wealthy banker of Wisconsin, who came to this city for his health. One member of his family had died in a lunatic asylum, and he, fearing that he might become insane, had threatened his own life. He retired to his room at the St. Nicholas, and, after writing letters to his wife and friends giving instructions as to his burial, deliberately shot himself. The second case occurred at the Sailors' Snug Harbor, Staten Island. An inmate of that institution, named INGALLS, had been reproved for swearing by the Chaplain, the REV. MR. QUINN. At this the sailor seemed to become alarmed lest he should be exposed for what he called "that horrible affair." He importuned the Chaplain not to expose him, but the latter made light of his alarm, attributing it to a slight aberration of mind. On the morning of the murder INGALLS was noticed to act strangely. On leaving the institution after services on Sunday, the Chaplain met the sailor, who said, "You will expose me, I know you will, if you live," and drawing a double-barrelled pistol from his breast first shot the Chaplain dead, and then discharged it at his own head, inflicting a fatal wound.

We have frequently called attention to the importance of placing persons *suspected* of insanity under proper surveillance, and also under medical treatment. These shocking crimes, now of almost daily occurrence, show how many cases of unrecognised insanity exist in every community. We hope they will have the effect to awaken the public attention to the necessity of placing this class of persons under timely treatment.

RAILROAD accidents, now so common, and generally so fatal to human life, deserve far more attention than they receive. Both as a matter of humanity and economy every means should be taken for their prevention, and to mitigate their fatality and the attendant suffering. Through the praiseworthy efforts of Dr. ARNOLD, of Yonkers, a bill was introduced into the N. Y. State Legislature last Winter, which provided surgical aid in these accidents, but unfortunately it failed to become a law. That measure, or one

similar, should be enacted by every State Legislature. Meantime, we are pleased to notice that Mr. TIEMANN, under the direction of Dr. E. G. LUDLOW, of this city, has prepared a small compact case of instruments, and a set of splints, which are to be placed on each train, in charge of the conductor. The case contains two simple tourniquets, lint, ligatures, scalpel, scissors, lancet, tenaculum, aneurism needle, and such remedies as persulphate of iron, ammonia, brandy, etc. Dr. LUDLOW's attention was first drawn to the need of such preparation to meet the emergencies of railroad accidents several years ago, by being called to see a man who, having a large artery ruptured by such an accident, was placed in the car with a rope twisted around the limb to prevent hemorrhage. The cord, however, loosened, and the patient bled to death before medical aid could be summoned. The design of the present arrangement is to have the conductor instructed in applying the tourniquet, and in the use of the styptic, the stimulants, and the splints. If a medical man is on the train, which will generally be the case, the instruments are placed at his service. The case has been approved by some of the best surgeons of the city, and we are glad to learn that the New Haven and Harlem railroad companies have already adopted it.

THE Legislature of the State of New York has under consideration a Bill establishing a hospital and home for disabled soldiers enlisted from this State. The project is worthy of the most serious attention, not only of the Legislature, but of the people. It is desirable that the committees appointed to report on the subject should take the advice of medical men. The location of the building, its architectural arrangements, and everything relating to the hygiene and the medical appointment of the institution, require the advice of the most experienced physicians.

Correspondence.

TREATMENT OF TETANUS.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—Of late, repeatedly, attention has been called to this terrible destroyer of life. I have seen several cases of it treated, as that of Dr. Peters, with cannabis indica, without material benefit. In one case treated by Professor Chapman, while I was Resident Surgeon of Long Island College Hospital, in which both that and chloroform were alternately used, I observed that some modification for the better of the spasmodic throes while on the patient, was occasionally caused by the latter, while the former was wholly ineffectual.

I have again and again decided, had I a case under my charge, to treat it with large doses frequently repeated of ipecac or podophyllin, or both combined. The peculiar effect we seek in the administration of tartar emetic, viz. the suspension of spasmodic action, is never so steadily and continuously obtained as by the podophyllin in grain doses. Besides, I would keep the patient's entire body in a state of fomentation by the hottest vapor bath which can be conveniently arranged, or by the hot bath, long continued, in which a slight infusion of tobacco had been placed. I have imagined, too, that the almost total suspension of the action and relations of the skin, i.e. the entire surface of the body, by coating it with some viscid, gummy, or oleaginous substance, to the complete exclusion of the air, for the time being, might be more or less effectual in interrupting spasmodic action. A continuous garment of thin caoutchouc,

fitting closely about the neck, between which and the patient, very warm water was placed, would accomplish both of these indications at once. Perhaps, to be more effectual, the water may contain humulus or chamomile, both long used in Germany, as remarkably good substances for fomentation, where a high and distressing state of excitement of the nervous system exists.

Whatever would secure *syncope*, though it might be hazardous, might also be effectual, as injections of an infusion of tobacco, or arteriotomy, extracting blood to that point. I write, supposing it to be the bounden duty of every humane man to say whatever may have occurred to him on the treatment of the disease in question, during his experience.

While I am writing permit me to correct three errors which I did not see until months after their appearance, in my paper on gangrene. Where I wrote very, very badly, "nine hundred," it was printed "twelve hundred," as the number of patients first at the Marine U. S. Gen. Hospital, New Orleans; where I wrote "twelve hundred," it was printed as twenty-five hundred, as the number it would contain. Where I wrote "fibula" in a case of resection, it was printed *femur*. Yours, etc.,

RUFUS KING BROWNE, M.D.

155, 40TH STREET, N. Y., Jan. 20th.

Army Medical Intelligence.

REMARKS ON REGIMENTAL AND HOSPITAL DUTIES.

[Army Correspondence of the AMERICAN MEDICAL TIMES.]

BALTIMORE, Dec. 1862.

IN the transfer of men from their regiments to general hospitals, and their return after recovery, there is need of strict and careful management. Some are brought on the most frivolous excuses. I have one now on hand who had an incurvation of the nail, which a slight operation of the regimental surgeon would have relieved in a week, and who needed in no wise the care of a general hospital. Another, who says his doctor sent him because he thought he was about to be sick, but it didn't come on. Many cases where there has been nothing more than slight muscular rheumatism, and hence these occupy the places of more critical cases. Many, once in hospital, vastly prefer it to life on the field; and American ingenuity finds vent in the direction of deception; others come honestly to the erroneous conclusion that they are not able to endure the rigors of the field, and the bare fact is that two-thirds of those who once get in hospital, even if they physically recover, are not worth as much by one-half for soldiers as when they entered. There is great defect in the whole management of transfer, and it is not the fault of the faithful heads of the Medical Department. As to the general hospitals, I am not much acquainted with the management of those outside of Baltimore; but with those here, I am familiar. They number eight, with capacity for about three thousand patients, and will, I think, compare favorably with any class of hospitals in our country.

Surgeon JOSIAH SIMPSON, U.S.A., is the Medical Director of the 8th army corps, and as such, has general superintendence of medical matters in this district. He is not only an able army surgeon of large and long experience, but a dutiful and efficient executive officer, bringing his department directly under his own circumspection, scanning all calls for supplies, strict as to discharges, and extends a careful surveillance over the whole medical interests of the corps. The hospitals here, both in their location and financial and general management, show the result of such scrutiny.

As many as possible are located where ample grounds can be secured, while those necessarily in the more crowded portions of the city are well supplied with the appliances for ventilation and general hygiene. Hence, diseases here have shown but little of an epidemic character; wounds

have seldom been complicated by local adynamic influences, and although typhoid fever and erysipelas have sometimes been threatening as prevalent disorders, they have been only sporadic in their attack.

Conservative surgery is popular, and it is pleasant to see how by aiding nature, by good diet, good care, now and then an excision or resection, and the prompt removal of spiculae, many a bone inviting the novice to amputation is spared by the restrained hand of experience. Operations here are mostly secondary, and as far as I can ascertain, seem to have sustained the full average of success. The curiosities of surgical literature as to the course of balls, and the wondrous election by which they will course about and avoid important vessels, is exemplified in many an instance. It is interesting, too, to see with what facility simple gunshot wounds will heal, how even bone will rid itself of offending pieces and set up healthy action, and how successful the semi-expectant treatment often is.

Some of our most tedious cases are those where the tibia or bones of the tarsus have been injured; their superficial coverings rendering their recovery tedious, and necrosis often resulting. Judging from the number of the wounds of the os calcis, it would seem that the Confederates have the Achillean view as to the vulnerable part. Time and care, with now and then excision, generally, however, make good recoveries of such cases.

In fracture of the lower extremities, W. R. Smith's anterior splint is much in use. I have not been familiar with it heretofore, but it seems by its lightness, simplicity, and success, well adapted to a large variety of cases. In practical medicine, not less than in surgery, the war is affording to the medical staff a wide field of observation, especially as to those diseases affecting the digestive and respiratory organs. Rheumatism, phthisis, and chronic diarrhoea, are the more prevalent ailments at present, and large opportunities are afforded to compare various methods of treatment. The Medical History of the War, if prepared with that care and with that reliance upon undoubted facts which is attempted to be secured, will be a valuable addition to medical intelligence. There are many matters of interest to which I might refer, but my time and the patience of your readers forbid that I should occupy further space.

EZRA M. HUNT,

*Assist. Surgeon, 29th New Jersey Vols.
In Charge of Calvert Hospital.*

(CIRCULAR No. 2.)

SURGEON-GENERAL'S OFFICE,
WASHINGTON, D.C., Jan. 23, 1863.

I. By order of the War Department, the first sentence of paragraph 3, General Orders No. 36, is modified to read as follows: "The final statements and all the discharge papers will be made out under the supervision of the Military Commander, and signed by him, when the soldier is not in a U. S. Hospital or under the charge of a U. S. Surgeon. But if he is under a U. S. Surgeon or in a U. S. hospital, the Surgeon will, in either case, make out and sign the discharge and final statements, after the Military Commander has endorsed the authority to discharge the soldier upon the usual certificates of disability."

II. Paragraph I, Circular No. 1, of 1863, from this office, is revoked, in consequence of the foregoing modification.

WILLIAM A. HAMMOND,
Surgeon-General U.S.A.

The following advertisement has, by order of the Surgeon-General, been published in the Washington papers.

SURGEON-GENERAL'S OFFICE,
WASHINGTON, January 31, 1863.

It being reported that various parties have obtained money from invalid soldiers under the pretence of assisting them to their discharge from the service, notice is hereby given that certificates of disability for discharge to soldiers in general hospitals and camps are only given by the surgeons in charge of said hospitals or camps, and the obtru-

sive efforts of persons claiming to be special agents retard instead of hasten the preparation of discharge papers.

All soldiers are warned against giving money on such plea to any person whatever.

By order of the Surgeon-General.

JOSEPH R. SMITH,
Surgeon U.S.A.

ORDERS, CHANGES, &c.

Surgeon A. T. Watson, U.S.V., having reported to the Surgeon-General in person in accordance with Special Orders No. 14 from the Headquarters Army of the Potomac, and said order being in violation of General Orders No. 146, series of 1862, Adjutant General's Office, he has been ordered to return immediately to the Headquarters of the Army of the Potomac and report to the Medical Director for duty.

Asst Surgeon Joseph W. Merriam, 15th Massachusetts Vols., having tendered his resignation, has been honorably discharged from the service of the United States.

The resignation of Assistant Surgeon Lewis M. Eastman, U.S.A., has been accepted, to take effect January 19, 1863.

Asst Surgeon A. J. Baxter, U.S.A., has been dismissed from the service of the United States.

The General Hospital on the Logan Estate, near Philadelphia, Pa., having been completed, Assistant Surgeon Van Buren Hubbard, U.S.A., has been assigned to the charge of it.

The bill for the better providing for the comfort of the sick and wounded soldiers has passed the Senate. Some amendments have been made.

Asst Surgeon J. W. S. Gouley, U.S.A., has been ordered to report to Surgeon C. McDougall, U.S.A., for duty in charge of the St. Joseph's Hospital, Central Park.

In order that the friends of deceased soldiers may more readily distinguish their bodies, the Surgeon-General has issued a Circular to the various Medical Directors within the United States, directing that Surgeons in charge of Hospitals shall see that a card is attached to the breast of each body, having legibly written thereon the name of the Hospital, and the name, rank, company, regiment, state, and date of death of the deceased.

Medical News.

ANNIVERSARY OF THE WOMAN'S HOSPITAL ASSOCIATION.—

The Anniversary of the Woman's Hospital Association was held at the institution, No. 83 Madison avenue, New York, Saturday morning, Jan. 31, 1863. Rev. Dr. VERMILYEE read a selection from the fifteenth chapter of Matthew, and made a prayer. DR. METCALFE, President of the Medical Board, spoke of the present condition of the hospital, and of the benefits that had been bestowed on humanity by the establishment of this institution. The operations necessary for curing and relieving those applying at this place are such as the surgeon, or physician, in general practice, cannot successfully perform. To attain the requisite dexterity or knowledge, it is important that great numbers of cases should be seen, and carefully studied; and this is only possible in an establishment like the Woman's Hospital. So high is the reputation acquired by DR. SIMS, the former surgeon in charge, that in France, where operations are acknowledged as second to none in the world, the opinion and assistance of DR. SIMS are eagerly sought by the most eminent men of the profession, in cases presenting unusual difficulties or danger. Since the formation of our hospital many have been restored to health who were considered incurable. The last year over 400 out-door patients received medical and surgical aid gratuitously, besides the free list in the institution. Fifty are attended to each week, from whose homes they could not be spared to remain in the hospital. Each county in the State is entitled to a free patient, so that all may exert individual effort for the better support of the present hospital, and enable the building to be erected for enlarged benevolence and better accommodation. DR. THOMAS ADDIS EMMET has the charge of the hospital. Many will gratefully remember his kindness and skill in restoring them to health. He has been associated with the institution almost from its commencement.

MEDICAL BOARD.—Consulting Physicians.—John S. Metcalfe, M.D., President; Ed. Delafield, M.D.; Horace Green, M.D., LL.D. Consulting Surgeons.—Valentine Mott, M.D., LL.D.; Alex. H. Stevens, M.D., LL.D. Surgeons.—J. Marion Sims, M.D.; Thomas Addis Emmet, M.D. House Physician.—G. Storrs Winston.

TO CORRESPONDENTS.

Communications have been received from Dr WITT C. PETERS, M.D., Assist. Surg. U.S.A.; B. HOWARD, M.D., Assist. Surg. U.S.A.; DAVID P. SMITH, M.D., Surg. Vol.

METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK.

Abstract of the Official Report.

From the 26th day of January to the 24 day of February, 1863.

Deaths.—Men, 93; women, 82; boys, 123; girls, 122; total, 420. Adults 178; children, 242; males, 219; females, 204; colored, 9. Infants under two years of age, 140. Children born of native parents, 25; foreign, 185. Among the causes of death we notice:—Apoplexy, 3; infantile convulsions, 21; croup, 23; diphtheria, 33; scarlet fever, 22; typhus and typhoid fevers, 10; consumption, 64; small-pox, 0; measles, 7; dropsy of head, 16; infantile marasmus, 21; cholera infantum, 0; inflammation of brain, 8; of bowels, 9; of lungs, 25; bronchitis, 7; congestion of brain, 0; of lungs, 0; erysipelas, 1; diarrhoea and dysentery, 7. 211 deaths occurred from acute diseases, and 83 from violent causes. 262 were native, and 141 foreign; of whom 98 came from Ireland; 44 died in the City Charities; of whom 9 were in Bellevue Hospital, and 3 died in the Immigrant Institution.

Abstract of the Atmospheric Record of the Eastern Dispensary, kept in the Market Building, No. 57 Essex street, New York.

		SIX A.M.					TWO P.M.					TEN P.M.				
Jan. 1863		Min. Temp.	Temp.	Evaporation	Barometer.	Wind.	Temp.	Evap. Below.	Barometer.	Wind.	Temp.	Evap. Below.	Barometer.	Wind.		
		°	°				°				°					
25th.	40	41	2		30.20	Calm.	52	8	30.24	S.W.	40	4	30.21	S.W.		
26th.	42	42	2		30.17	Calm.	47	3.5	30.18	Calm.	42	1	30.00	S.E.		
27th.	38	41	1	29.64	N.		48	1	29.50	N.	40	0.5	29.70	N.E.		
28th.	32	33	1	29.82	N.E.		35	1	29.87	N.E.	34	0.5	29.60	N.E.		
29th.	32	32	2	29.35	N.E.		38	3	29.35	W.	30	4	29.57	N.W.		
30th.	34	31	3	29.74	N.W.		40	6	29.51	W.	32	4	30.00	N.W.		
31st.	32	30	3	30.00	N.W.		42	6	30.02	W.	31	4	30.04	N.W.		

REMARKS.—25th, Fog A.M.; mostly clear P.M. 26th, Fog A.M.; cloudy day; light rain P.M. 27th, Rain A.M.; snow-storm P.M. with sleet at night. 28th, Snow A.M.; rain P.M. with fresh wind. 29th, Very light snow A.M.; fine day. 31st, Variable A.M.; fine P.M.

SPECIAL NOTICES.

NEW YORK SANITARY ASSOCIATION.—*The regular Monthly Meeting of this Association will be held on Thursday next at 8 o'clock P.M., in the COOPER INSTITUTE.*

Medical Society of the State of New York.

The Fifty-sixth Annual Meeting of the Medical Society of the State of New York will be held, pursuant to statute, in the city of Albany, on Tuesday, February 3, 1863. The session will continue on the 4th and 5th. Punctual attendance is requested.

SYLVESTER D. WILLARD, M.D., Secretary.

Medical College of Ohio (Cincinnati).

SPRING SESSION FOR 1863.

The regular Spring Session of the above institution will commence on Monday, the 16th of March, and continue four months.

FACULTY.

L. M. LAWSON, M.D., Professor of the Institutes and Practice of Medicine.
 GEO. C. BLACKMAN, M.D., Professor of Surgery and Clinical Surgery.
 W. W. DAWSON, M.D., Professor of Anatomy and Physiology.
 M. B. WRIGHT, M.D., Professor of Obstetrics and the Diseases of Women and Children.
 JAMES GRAHAM, M.D., Professor of Materia Medica and Therapeutics.
 NELSON SAYLER, A.M., LL.B., Professor of Chemistry.

FEES.

Professors' Tickets,	-	-	-	-	-	\$50.00
Matriculation Ticket,	-	-	-	-	-	5.00
Hospital Ticket,	-	-	-	-	-	5.00
Demonstrator's Ticket,	-	-	-	-	-	5.00
Graduation Fee,	-	-	-	-	-	25.00

The Degree of Doctor of Medicine will be conferred at the close of the Session.

The Dissecting Rooms will continue open, and material will be supplied throughout the Session.

Special attention will be given to Clinical Instruction. Students will have access to the Commercial and St. John's Hospitals, and the College Dispensary.

Further particulars may be obtained by addressing

L. M. LAWSON, M.D., Dean,
 S. E. Corner Sixth and Race Streets.

NAVAL MEDICAL BOARD.

A Board of Medical Officers will convene at the Naval Asylum, Philadelphia, on Monday the 2d of March next, for the examination of candidates for admission into the Medical Corps of the Navy.

Gentlemen desiring permission to appear before the Board must make application to the Honorable Secretary of the Navy, stating their residence, place and date of birth, accompanied with respectable testimonials of moral character.

Applicants must not be less than twenty-one, nor more than twenty-six years of age.

No expense is allowed by Government to candidates attending the sessions of the Board, as a successful examination is a legal pre-requisite for appointment in the Navy.

Long Island College Hospital, Brooklyn, NEW YORK.

Session for 1863.

The Session for 1863 will begin on the 12th March, and continue sixteen weeks.

BOARD OF REGENTS.

HON. SAMUEL SLOAN, PRESIDENT.
 GUSTAVUS BRETT, Esq., SECRETARY.

COUNCIL.

T. L. MASON, M.D. C. L. MITCHELL, M.D.
 WM. H. DUDLEY, M.D. J. H. HENRY, M.D.

PROFESSORS.

AUSTIN FLINT, M.D., Professor of Practical Medicine and Pathology.
 FRANK H. HAMILTON, M.D., Professor of Military Surgery, Fractures, and Dislocations.

JAMES D. TRASK, M.D., Professor of Obstetrics, and Diseases of Women and Children.

R. OGDEN DOREMUS, M.D., Professor of Chemistry and Toxicology.
 JOSEPH C. HUTCHISON, M.D., Professor of Surgery and Surgical Anatomy.

AUSTIN FLINT, JR., M.D., Professor of Physiology and Microscopic Anatomy.

DEWITT C. ENOS, M.D., Professor of General and Descriptive Anatomy.

EDWIN N. CHAPMAN, M.D., Professor of Therapeutics, Materia Medica, and Clinical Midwifery.

GEO. K. SMITH, M.D., Demonstrator of Anatomy.

Assistant to Professor of Chemistry.

A. DUNCAN WILLSON, M.D., Professor of Surgery.

Fees for Full Course, \$100; Matriculation fee, \$5; Demonstrator's fee, \$5; Graduation fee, \$25; Hospital tickets gratuitous.

Good Board, with Lodging, etc. in the vicinity of the College may be obtained from \$4 to \$5 per week. The necessary expenses for the Course, those for travelling excepted, need not exceed \$200.

Letters addressed to any Member of the Council will receive attention.

* Dr. Doremus is now in Europe, but in case of his continued absence a competent substitute will be procured.

Berkshire Medical College.—The

Winter Reading Term of this Institution will commence on the first Wednesday of January, 1863, and continue 16 weeks.

Thorough instruction will be given in the theoretical and practical branches of Medicine and Surgery.

Medical and Surgical Cliniques will be held every Wednesday and Saturday.

Anatomical material abundant and free of charge.

Fee for the course, \$25.00.

WM. WARREN GREENE, Dean.

PITTSFIELD, MASS., Dec. 1, 1862.

Bowdoin College Medical Department.

The forty-third annual course of Lectures in the Medical School of Maine, will commence the 26th of February, and continue till the 1st of June.

Fees for the Lectures, \$35.

Circulars containing full information can be obtained of Dr. Conant, 27 East 24th Street, or of Dr. Childs, Bellevue Hospital.

P. A. CHADBOURNE, M.D., Secretary.

BRUNSWICK, ME. }

Jan. 7, 1863. }

Albany Medical College.—The next

course of lectures will commence the second Tuesday in February, and continue sixteen weeks. Degrees will be conferred at the close of the Session. Fee for full course, \$65. Graduation fee, \$20.

Materials for dissection are abundant, and furnished to Students on as reasonable terms as at any similar institution in the country. A spacious Hospital has been opened nearly opposite the College, to which Students are admitted free of charge.

Weekly Cliniques are held in the College.

Boarding, from \$2.50 to \$3.00 per week.

ALDEN MARCH, M.D., Prof. of Principles and Practice of Surgery.
 JAMES MCNAUGHTON, M.D., Prof. of the Theory and Practice of Medicine.

JAMES H. ARMSBY, M.D., Prof. of Descriptive and Surgical Anatomy.
 HOWARD TOWNSEND, M.D., Prof. of Materia Medica and Physiology.

CHARLES H. PORTER, M.D., Prof. of Chemistry and Medical Jurisprudence.

JOHN V. P. QUACKENBUSH, M.D., Prof. of Obstetrics and Diseases of Women and Children.

J. V. P. QUACKENBUSH, REG'R.

ALBANY, January, 1863.

Artificial Limbs, for
 Inferior and Superior Extremities, by
F. D. HUDSON, M.D.,
 CLINTON HALL, (up stairs,) Eighth Street, or Astor
 Place, New York.

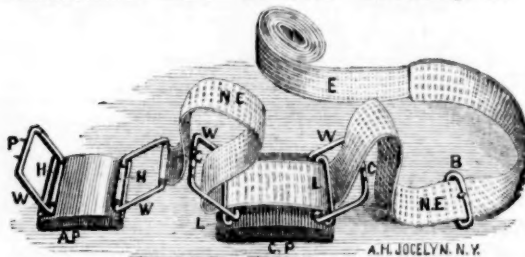
FEET for Limbs shortened by Hip Disease, an important apparatus, unique and comely.
 Soldiers provided with legs, without cost, by Dr. H., the only one commissioned by the Surgeon-General, U.S.A., for the *Northern Division*.
 Dr. H., having devoted his attention and practice for fourteen years to the subject of Artificial Limbs, has made such improvements upon the "Palmer Patent," the right to which is his by purchase, as to render his treatment in this branch of surgery superior to all others. The Surgical Adjuvant sent gratis.

REFERENCES.

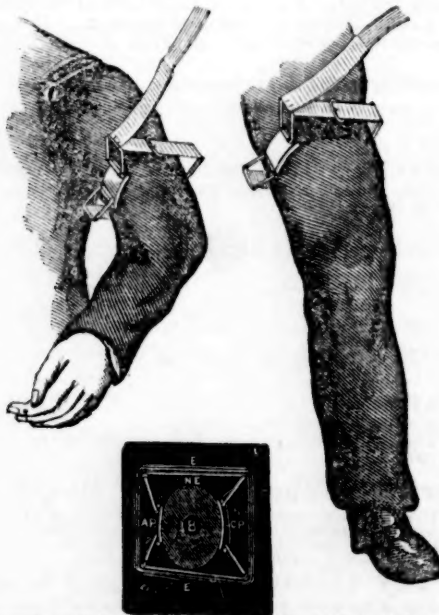
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 J. M. CARNOCHAN, M.D.,
 GURDON BUCK, M.D.,
 F. H. HAMILTON, M.D., Brigade
 Surgeon of U.S.A.,

WM. H. VAN BUREN, M.D.,
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 U.S.A.

LAMBERT'S NEW ELASTIC TOURNIQUET.



This improved Tourniquet is now offered to the Profession. It has received the unqualified approval, so far as we can learn, of all Surgeons in this country and in Europe before whom it has been presented.



It is easily applied, allows, when desirable, the "collateral circulation," and is very compact and portable.

Price \$2.

Send for a Circular of description and commendations.

WADE & FORD,
 Sole Agents, NEW YORK.

Guide du Medicin Practicien ou re-
 sume general de pathologie interne et de therapeutique appliquees,
 par F. L. J. Vallex, Medecin de l'hopital de la Pitié. 2e edition, revue,
 augmentee, et contenant le resume des travaux les plus recents. 5 vols.
 Svo. Paris, 1890. Handsomely bound in 1/4 morocco.
 BAILLIERE BROTHERS, 440 Broadway, N. Y.

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P. A. CHADBOURNE, M.D., Secretary.

BRUNSWICK, ME. }

Jan. 7, 1893. }

Buffalo Medical and Surgical Journal.

A MONTHLY PERIODICAL.

The Buffalo Medical and Surgical Journal is published monthly, containing reports of Medical Societies and Hospitals, Editorials, Reviews, Correspondence, Army News, etc., etc.; including the usual variety of Medical Periodical Publications. Specimen copies sent on application. Terms \$1.00 a year, in advance.

J. F. MINER, M.D.,
 Editor *Buffalo Med. and Surg. Jour.*,
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American Journal of Ophthalmology

JULIUS HOMBERGER, M.D., EDITOR.



No. 3, for November.

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